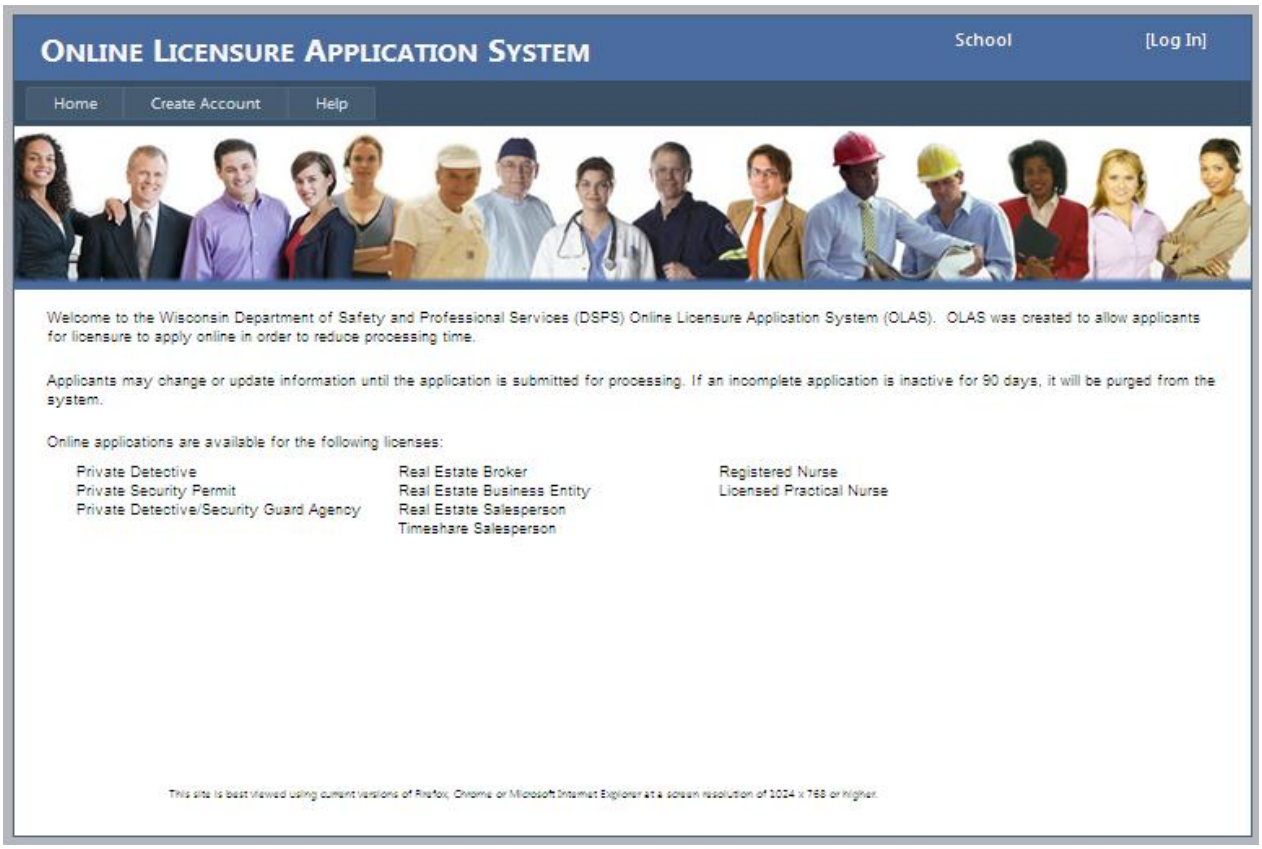
OLAS Applicant Process

OLAS Home Page

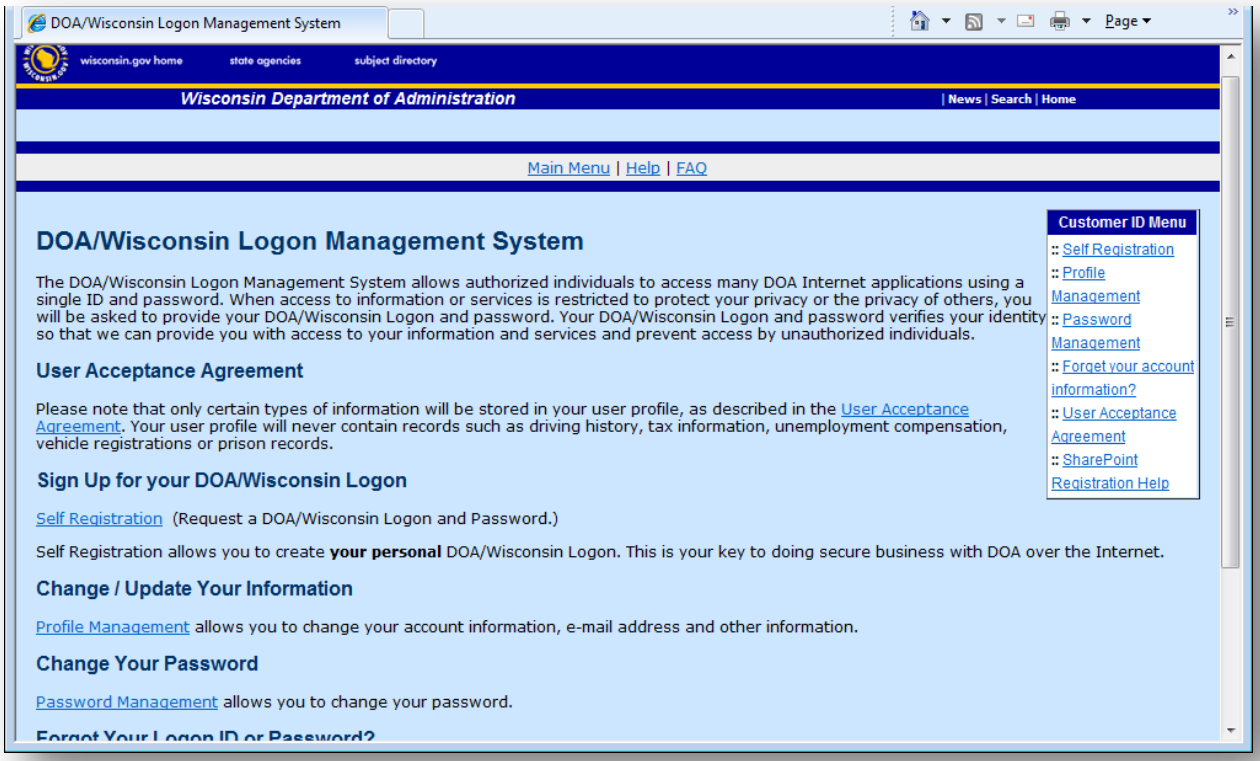
Enter https://olas.wi.gov in the browser location box to display the OLAS Home page.



Click on the 'Create Account' tab on the OLAS menu to display the DOA/Wisconsin Logon Management System Home page in a new window.

OLAS Applicant Process

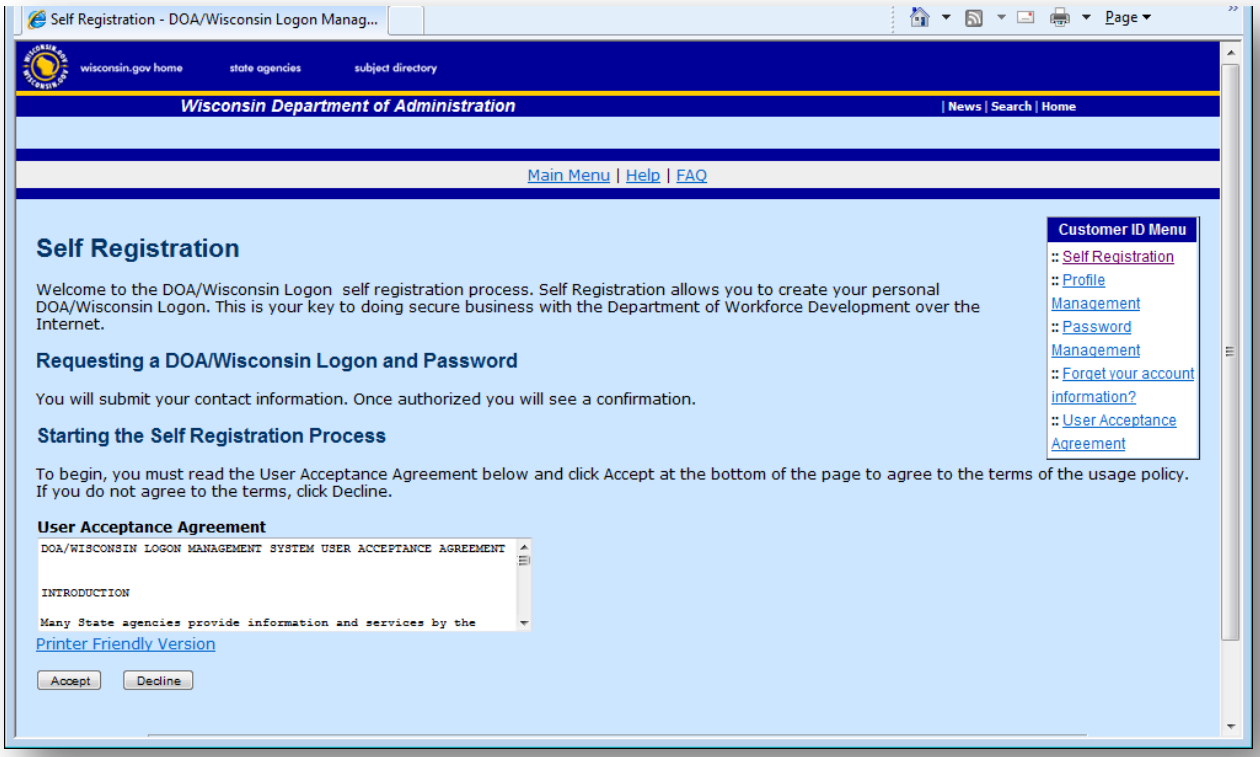
Create Account (DOA/Wisconsin Logon ID)



Click on 'Self Registration' to start the Self Registration process.

OLAS Applicant Process

Create Account (cont'd)



After reading the User Acceptance Agreement, click on the 'Accept' button to display the Account Creation page.

OLAS Applicant Process

Create Account (cont'd)

Account Creation

*Indicates Required Field

Profile Information

First Name *
Middle Initial
Last Name *
Suffix
E-Mail *
Phone Use this format 6085551234 ext.
Mailing Address
Street Address
City
State/Province
Zip Code -

Systems You Will Access

Use your mouse to highlight the system that you want to access.

Systems WEDSS / DHS Public Health Portal / OLAS Applicant (Department of Safety and *

Account Information

Your Logon ID must be between 5-20 characters and **CAN** be a combination of letters and numbers. Your Logon ID must not contain spaces or special characters.

Logon ID *

Your Password must be 7-20 characters long and **MUST** contain a combination of letters and either numbers or special characters (except the @ ? / signs). Passwords are case sensitive. Your Password cannot contain the Logon ID.

Password Tips

Password *
Re-enter Password *

Logon ID/Password Recovery

Enter a question and answer for use if you forget your DOA/Wisconsin Logon ID or Password. Your Secret Question and Secret Answer cannot contain your password.

Secret Question and Answer Tips

Secret Question *
Secret Answer *

Verification

This step helps prevent automated registrations.
If you cannot see the number below click here.

40774 Please enter the number as it is shown in the box to the left. *

Submit Reset

You must enter First Name, Last Name and E-Mail address (phone and address are optional).

Select 'OLAS Applicant (Department of Safety and Professional Services)' in 'Systems You Will Access' list box.

Enter a Logon ID that you will also use to log in to OLAS. If the Logon ID is in use by another account, you will get the following error message The Logon ID <logon id> is not available. Please try another Logon ID.

Enter and re-enter a Password.

Enter a Secret Question and Answer for Logon/Password Recovery.

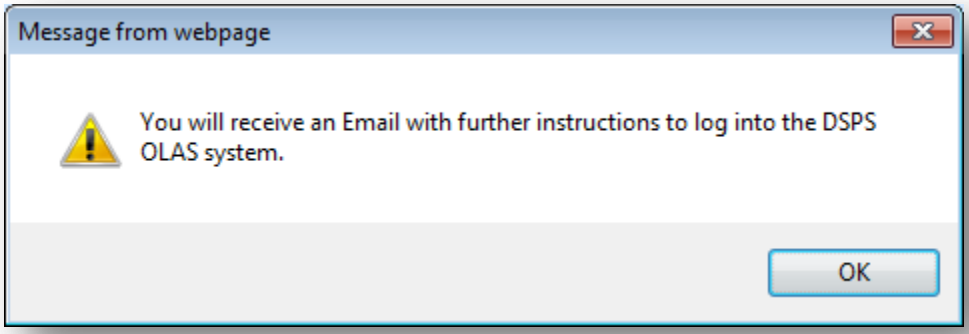
Enter the Verification number in the box provided.

Press the 'Submit' button to create your DOA/Wisconsin Logon. Print a copy of this page for your records.

OLAS Applicant Process

Create Account (cont'd)

The following popup will display when the Login is created.



Click on the link in the e-mail notification to enter OLAS.

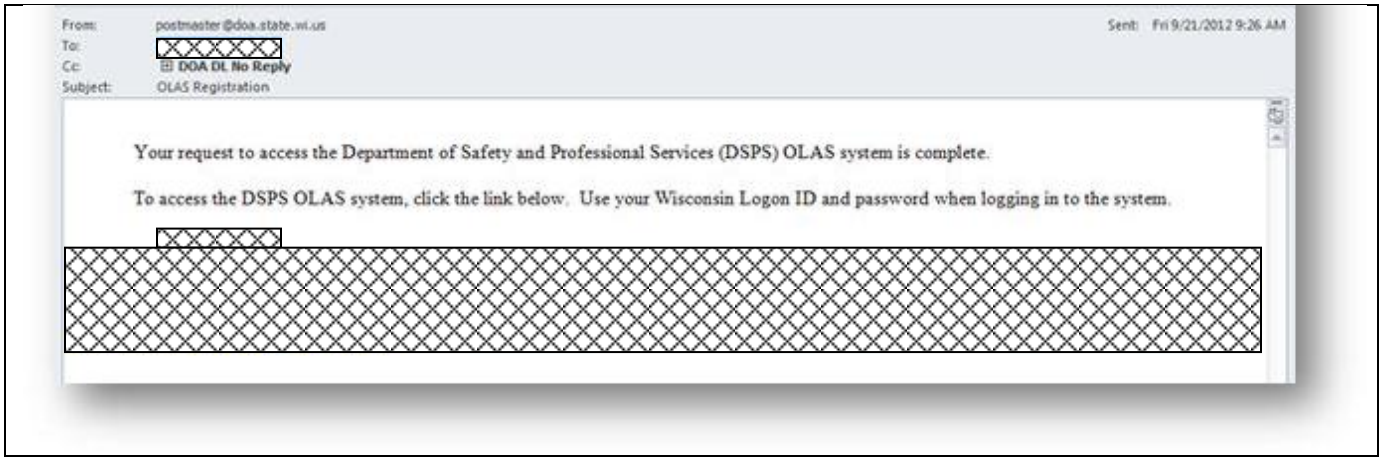
Note:

Personal and Application information cannot be updated after the application has been submitted.

OLAS Applicant Process

Create Account (cont'd)

You will receive the following e-mail after the DOA/Wisconsin Logon ID is created:


From: postmaster@doa.state.wi.us
Sent: Fri 9/21/2012 9:26 AM
To:
Cc: DOA DL No Reply
Subject: OLAS Registration

Your request to access the Department of Safety and Professional Services (DSPS) OLAS system is complete.

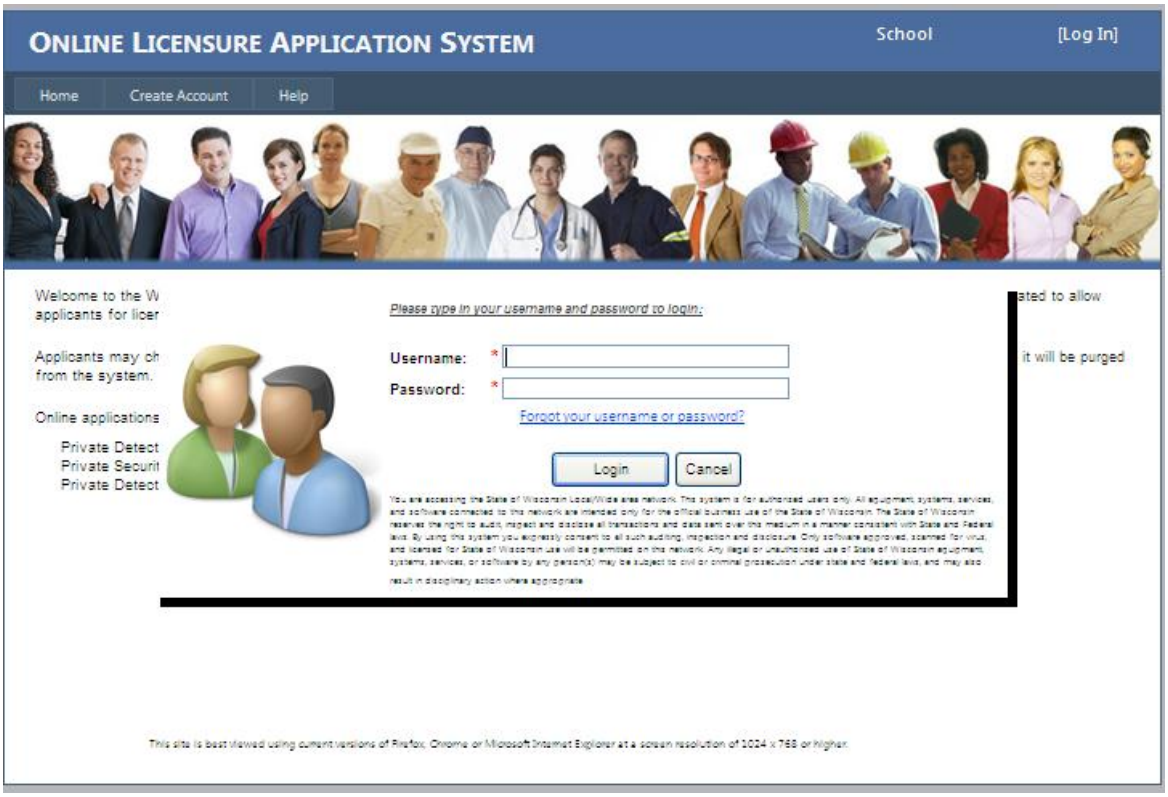
To access the DSPS OLAS system, click the link below. Use your Wisconsin Logon ID and password when logging in to the system.

Clicking on the link in this e-mail will display the OLAS Home page.

OLAS Applicant Process

OLAS Log In

Click on the 'Log In' link in the upper right-hand corner of the Home page to display the Login popup.



In the popup window:

In the Username field, enter the DOA/Wisconsin Logon ID you created in the DOA/Wisconsin Logon Management System.

In the Password field, enter the DOA/Wisconsin Password you created in the DOA/Wisconsin Logon Management System.

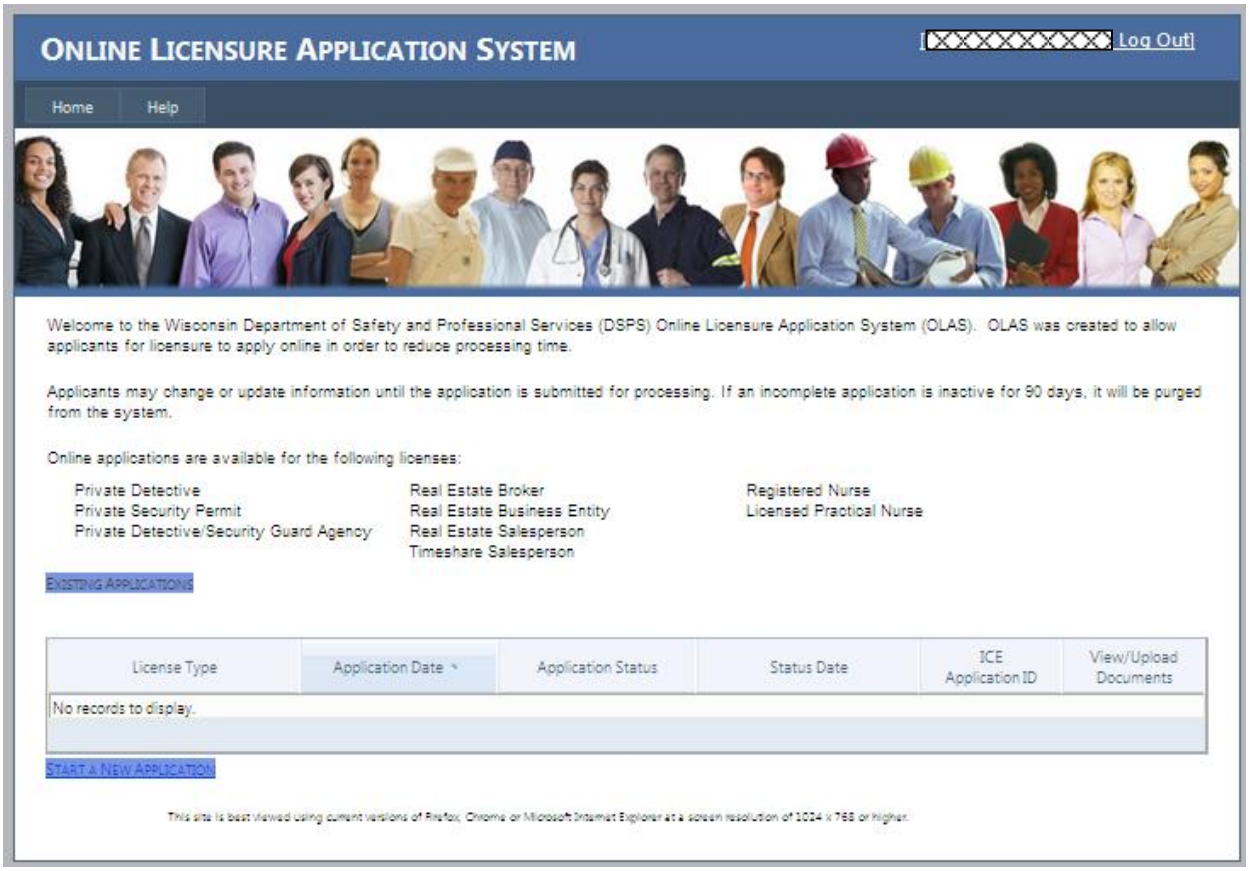
Press the 'Login' button to display the Home page.

NOTE: After 3 <u>un</u>successful log-in attempts with register WI, your account will be locked and you will be unable to log into the system.. If this would occurs, please contact WILMSHelp@Wisconsin.gov

OLAS Applicant Process

Licensure Application

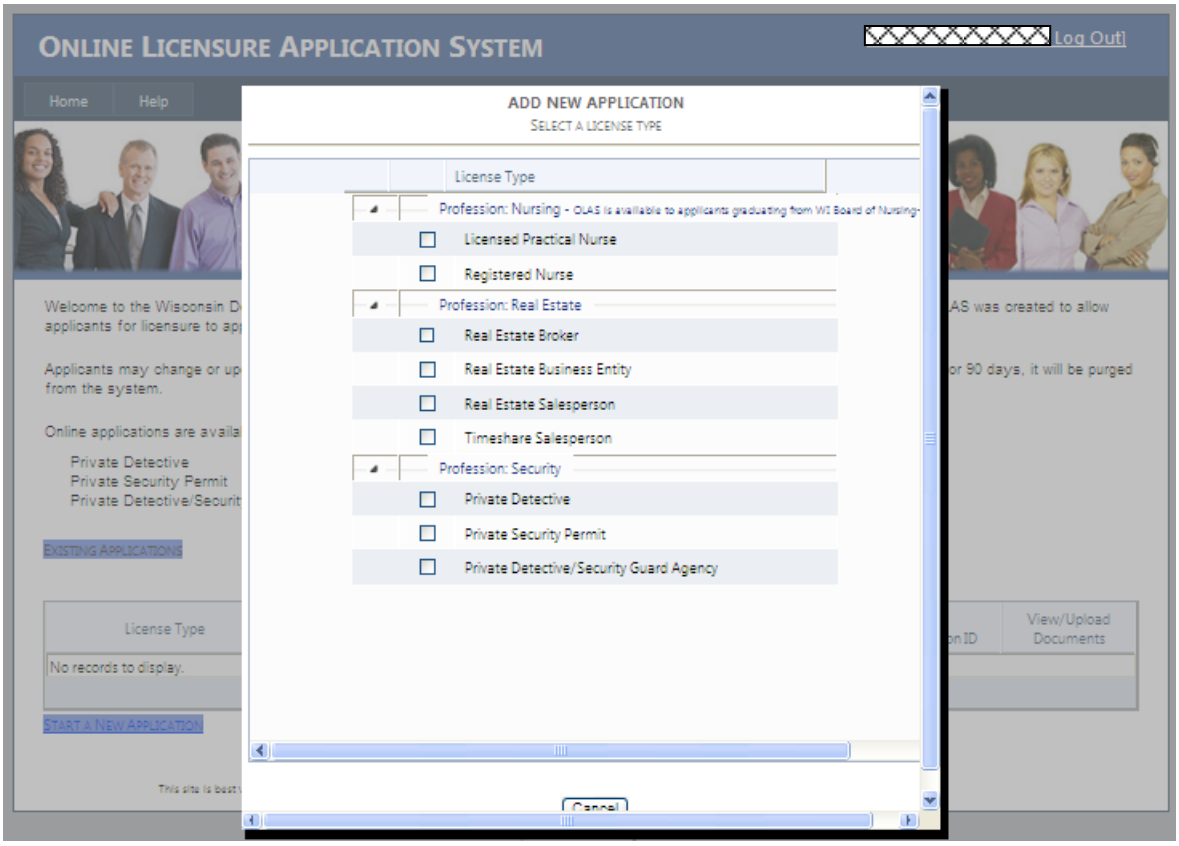
Click on 'Start a New Application' in the bottom left-hand corner of the page.



OLAS Applicant Process

Licensure Application (cont'd)

Select the license type for which you are applying.



OLAS Applicant Process

***Licensure Application** (cont'd-Verify Personal Information)*

ONLINE LICENSURE APPLICATION SYSTEM

[XXXXXXXXXX] [Log Out]

Home Help

[XXXXX] Nurse Application

Verify Personal Information

* Required Fields

Last Name* First Name* MI Former/Maiden Last Name First Name MI

E-mail*

Mailing Address*

City* State* Wisconsin Zip*

Your name and address are available to the public. Do you wish to withhold your street address/PO Box number from lists of 10 or more credential holders?* Yes ○ No ◉

Social Security Number* ___-__-____

Your social security number or employer identification number must be submitted with your application on this form. If you do not have a social security number click here. The Department may not disclose the social security number collected above except as authorized by law.

Birth Date* Daytime Telephone Number* (___) ___-____ Gender (optional) - Select - Ethnicity (optional) - Select -

Certification of Legal Status:

I declare under penalty of law that I am *

◉ a citizen or national of the United States, or

○ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. 1601 et seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at http://www.uscis.gov.

[Cancel] [Continue]

Enter your personal information, ensure all required (*) fields are entered.

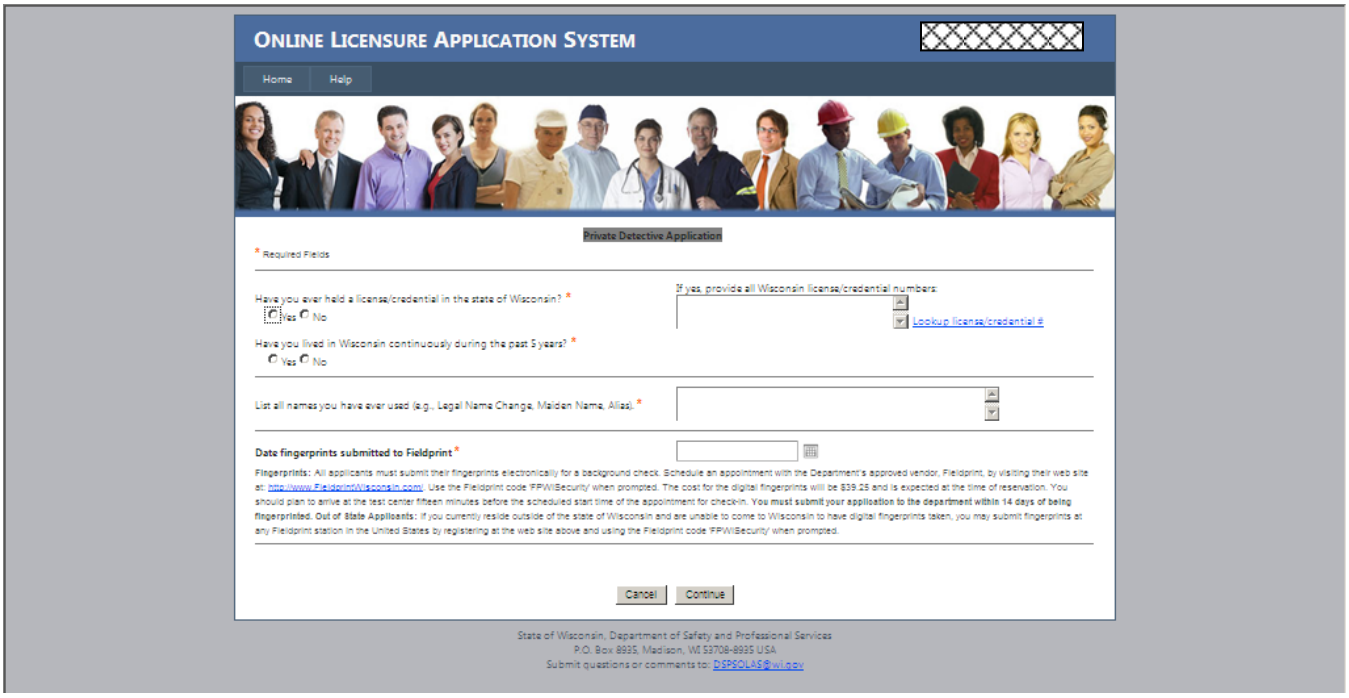
Press the 'Continue' button to continue to the 'Application' page.

Pressing the 'Cancel' button displays the Home page **without** updating your personal information.

OLAS Applicant Process

Licensure Application** (cont'd) - **<u>Questions vary by profession.</u>

You will see questions specific to the profession for which you are applying.



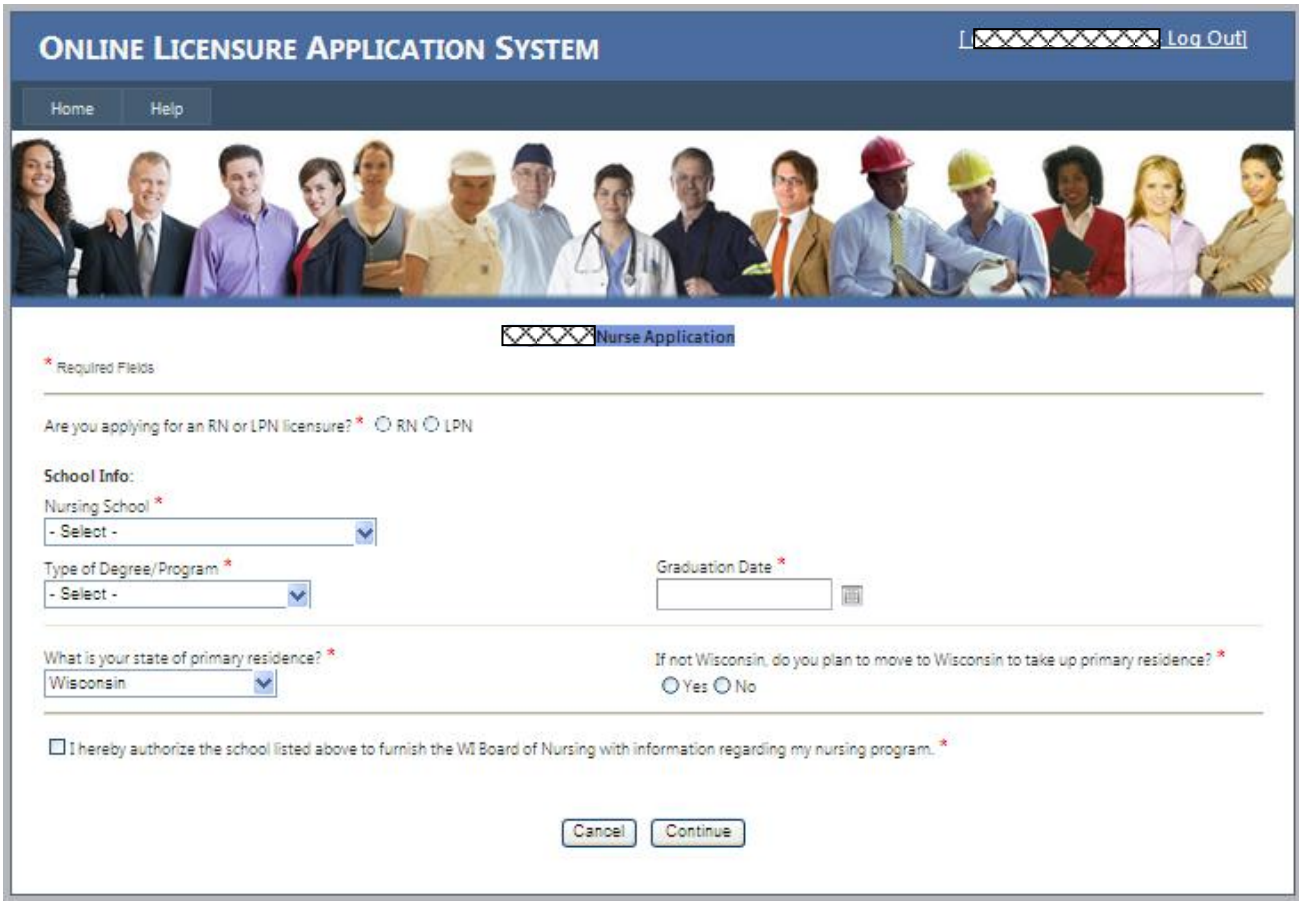
To complete the application, ensure all required (*) fields are entered.

Press the 'Continue' button to continue to the next page.

Pressing the 'Cancel' button displays the Home page **<u>without</u>** updating your application information.

OLAS Applicant Process

Licensure Application (cont'd) – <u>This screen is for nursing applicants only.</u>



Select the type of license for which you are applying - RN or LPN.

Select your Nursing School from the dropdown box. After the school is selected the school address will display to the right of the dropdown box. If your school is not listed, you will need to submit a paper application to apply for licensure.

Select the Type of Degree/Program. (Note: If you are applying for the LPN license while still completing your RN program, be sure to enter school info for LPN information not your RN.)

Enter the Date of Graduation or select the date from the popup box.

Select the state of primary residence. If not Wisconsin, select 'Yes' or 'No' if planning to move to Wisconsin.

Check the box to authorize the school to furnish information to the WI Board of Nursing.

Press the 'Continue' button to save the application information and proceed to the next page of the application.

Pressing 'Cancel' will navigate to the Home page **<u>without</u>** saving the application.

OLAS Applicant Process

Licensure Application (cont'd) – <u>Questions vary by profession.</u>

You will see standard questions regarding potential history of arrest, conviction, claims, lawsuits, loss of credentials, etc. You will also see a summary of fees and be required to attest to the Affidavit of Applicant.

ONLINE LICENSURE APPLICATION SYSTEM

Home Help

Are you requesting a Temporary Permit? Click here. Temporary Permit

ANSWER THE FOLLOWING QUESTIONS: *

1. **Have you ever had a license/credential in the State of WI or any other state or country?** Yes No
2. **Are you a service member in the U.S. armed forces, a reserve unit of the U.S. armed forces or the national guard of any state and requesting a fee waiver and/or equivalency review?** Yes No
3. Have you ever had a finding of abuse or misappropriation placed against you on the WI Nurse Aide Registry of the Dept of Health & Social Services or any other state's registry? Yes No
4. Are you familiar with the state health laws and rules and regulations of the WI Dept of Health and Family Services regarding communicable diseases? Yes No
5. Have you ever surrendered, resigned, cancelled or been denied a professional license or other license in WI or any other jurisdiction? Yes No
6. Have you ever failed to pass any state board examination or NCLEX? Yes No
7. Has any licensing agency or jurisdiction ever taken any disciplinary action against you, including but not limited to, any reprimand, suspension, probation, limitation, revocation, pending action? Yes No
8. Do you have any felony or misdemeanor charges pending against you or have you ever been convicted of a felony or misdemeanor? Yes No
9. Have any suits or claims ever been filed against you as a result of professional services? Yes No
10. Do you have a medical condition which in any way impairs or limits your ability to practice nursing with reasonable skill and safety? Yes No
11. Does your use of chemical substance(s) in any way impair or limit your ability to practice nursing with reasonable skill and safety? Yes No
12. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Yes No
13. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? Yes No
14. Are you currently engaged in the illegal use of controlled dangerous substances? Yes No

APPLICATION FEES:

Total Fee **$90.00** Includes Initial License Fee of $75.00 and Contract Exam Fee of $15.00

Temporary Permit **$10.00** Per Temporary Permit requested in addition to fees listed above. Please note this fee is non-renewable and non-refundable. (only applicable if requesting a Temporary Permit)

Background Check Fee **$8.00** Background check fee (if applicable) is in addition to fees listed above. Please note this fee is non-refundable.

Affidavit of Applicant: *

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statues and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Cancel Previous Application Complete

State of Wisconsin, Department of Safety and Professional Services
P.O. Box 8935, Madison, WI 53708-8935 USA
Submit questions or comments to: DSPSOLAS@wi.gov

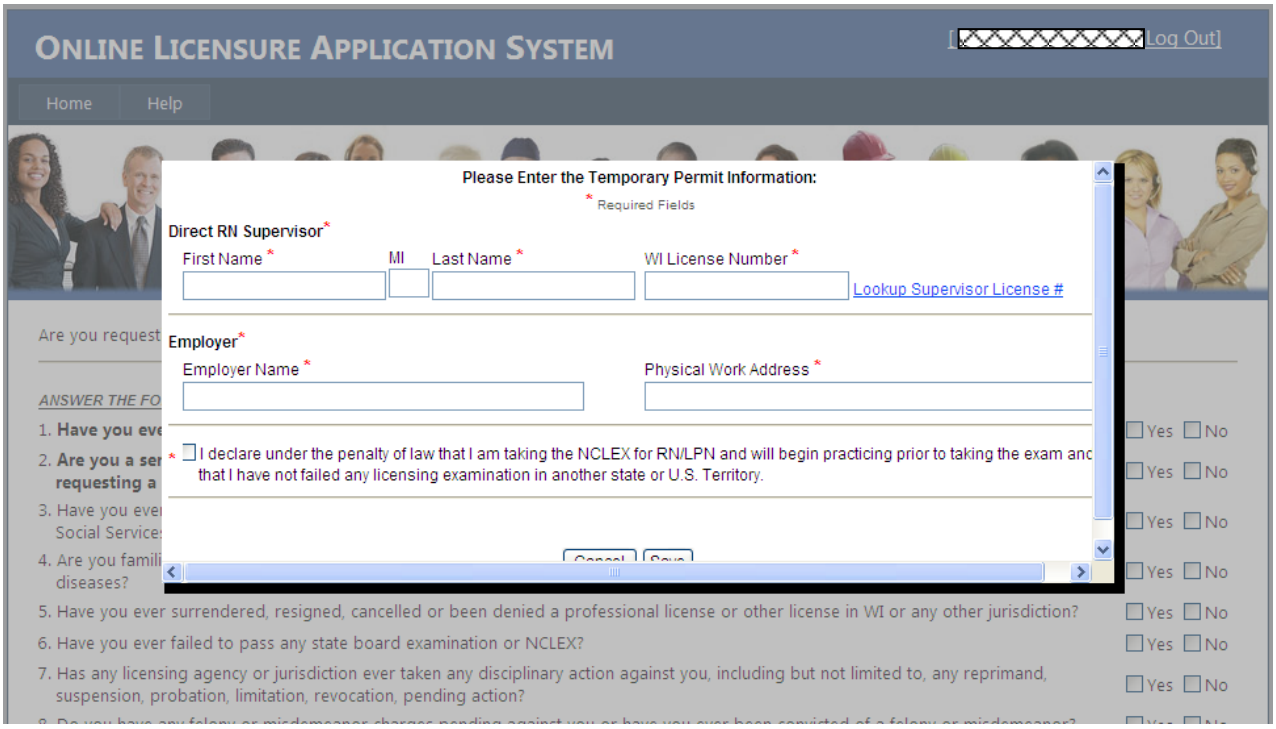
<u>Nursing applicants only:</u>

If requesting a Temporary Permit, click on the 'Temporary Permit' button to display the popup to enter Supervisor information. If not requesting a Temporary Permit, proceed to answer the questions.

NOTE: If a Temporary Permit is not requested with the initial OLAS application and is needed after submission of the OLAS application, you will need to submit form #2433 filled out and signed by your supervising RN with an additional $10.00 Temporary Permit fee.

OLAS Applicant Process

Licensure Application** (cont'd-Temporary Permit) - **<u>This screen is for nursing applicants only.</u>



Enter the Supervisor First Name, Middle Initial, Last Name, WI License Number, Employer Name and Physical Work Address. Indicate whether taking the NCLEX or whether application is pending in another state.

The license number must be a valid license number in the WI DSPS ICE system. You can look up the license number in ICE by clicking on the 'Lookup Supervisor License #' link.

Press the 'Save' button to save the Temporary Permit information entered and close the popup window to display page 2 of the application.

Pressing the 'Cancel' button will close the popup window **<u>without</u>** saving any of the Temporary Permit information.

OLAS Applicant Process

Licensure Application (cont'd)

ONLINE LICENSURE APPLICATION SYSTEM

Home Help

Are you requesting a Temporary Permit? Click here. Temporary Permit

ANSWER THE FOLLOWING QUESTIONS: *

1. **Have you ever had a license/credential in the State of WI or any other state or country?** ☐ Yes ☐ No
2. **Are you a service member in the U.S. armed forces, a reserve unit of the U.S. armed forces or the national guard of any state and requesting a fee waiver and/or equivalency review?** ☐ Yes ☐ No
3. Have you ever had a finding of abuse or misappropriation placed against you on the WI Nurse Aide Registry of the Dept of Health & Social Services or any other state's registry? ☐ Yes ☐ No
4. Are you familiar with the state health laws and rules and regulations of the WI Dept of Health and Family Services regarding communicable diseases? ☐ Yes ☐ No
5. Have you ever surrendered, resigned, cancelled or been denied a professional license or other license in WI or any other jurisdiction? ☐ Yes ☐ No
6. Have you ever failed to pass any state board examination or NCLEX? ☐ Yes ☐ No
7. Has any licensing agency or jurisdiction ever taken any disciplinary action against you, including but not limited to, any reprimand, suspension, probation, limitation, revocation, pending action? ☐ Yes ☐ No
8. Do you have any felony or misdemeanor charges pending against you or have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No
9. Have any suits or claims ever been filed against you as a result of professional services? ☐ Yes ☐ No
10. Do you have a medical condition which in any way impairs or limits your ability to practice nursing with reasonable skill and safety? ☐ Yes ☐ No
11. Does your use of chemical substance(s) in any way impair or limit your ability to practice nursing with reasonable skill and safety? ☐ Yes ☐ No
12. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? ☐ Yes ☐ No
13. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? ☐ Yes ☐ No
14. Are you currently engaged in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

APPLICATION FEES:

Total Fee **$90.00** Includes Initial License Fee of $75.00 and Contract Exam Fee of $15.00

Temporary Permit **$10.00** Per Temporary Permit requested in addition to fees listed above. Please note this fee is non-renewable and non-refundable.
(only applicable if requesting a Temporary Permit)

Background Check Fee **$8.00** Background check fee (if applicable) is in addition to fees listed above. Please note this fee is non-refundable.

Affidavit of Applicant: *

☐ I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statues and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Cancel Previous Application Complete

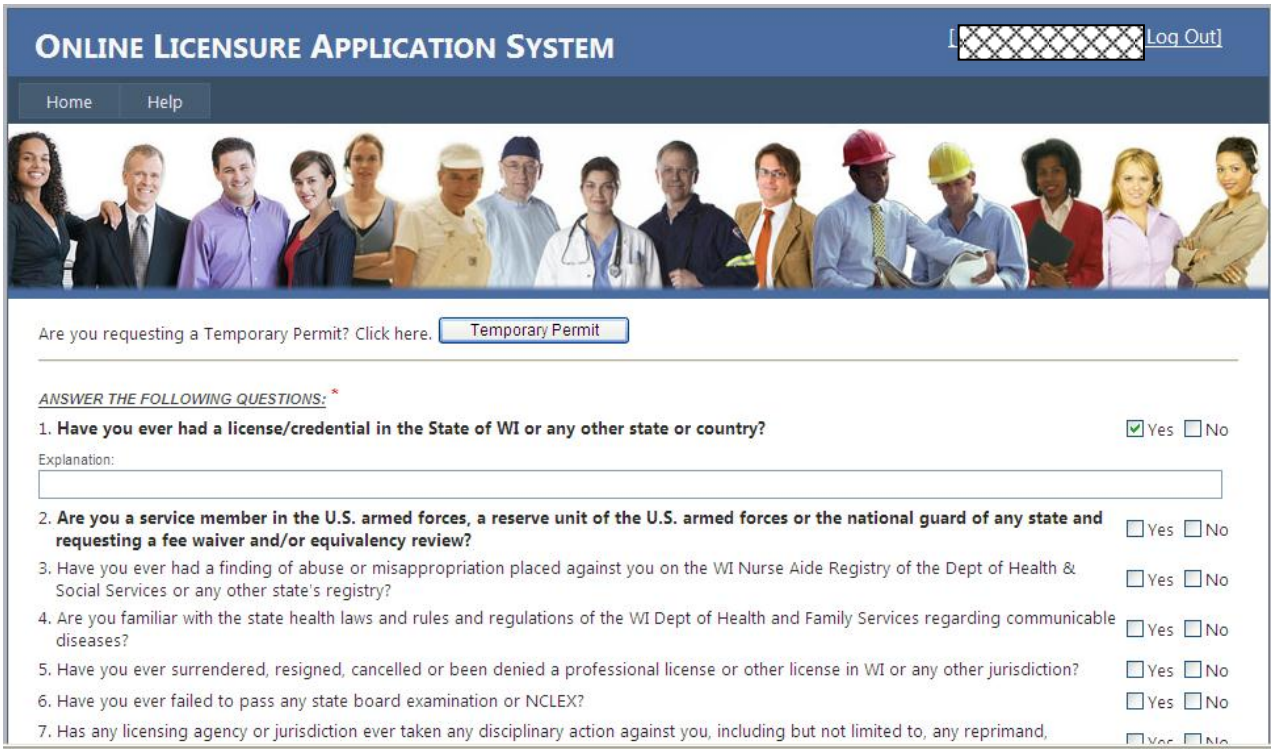
State of Wisconsin, Department of Safety and Professional Services
P.O. Box 8935, Madison, WI 53708-8935 USA
Submit questions or comments to: DSPSOLAS@wi.gov

Answer each question and check the 'Affidavit of Applicant' box.

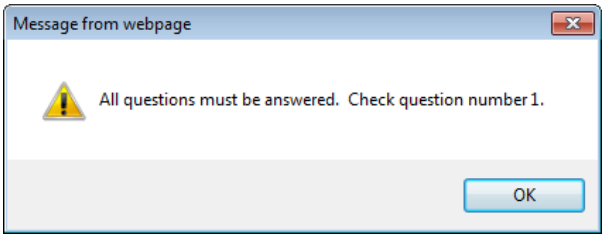
All questions and applicable text boxes must be completed before going back to the previous page or submitting the application.

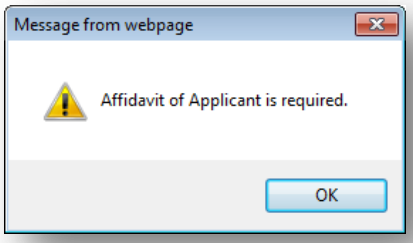
Licensure Application (cont'd)

When answering questions, a textbox may be displayed below a question. Enter an explanation in the textbox (limited to 250 characters) and proceed to the next question.



If all of the questions are not answered or the Affidavit is not checked the appropriate popup will display:





OLAS Applicant Process

Licensure Application (cont'd)

Press the 'Application Complete' button to complete the application.

You will receive the following e-mail after submitting the application:

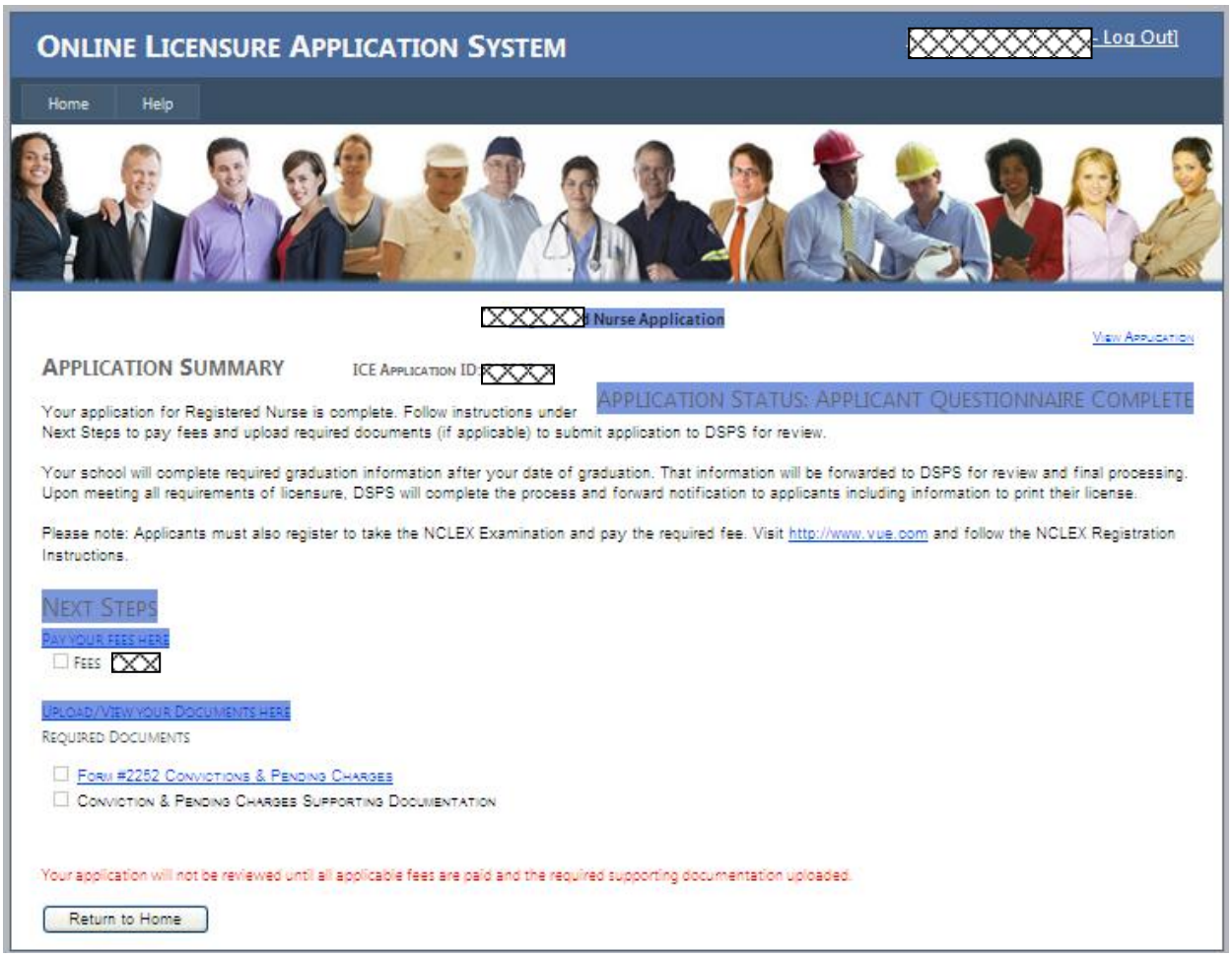
From: DSPS OLAS [dspsolas@wi.gov] Sent: Fri 12/27/2013 12:38 PM
To: [redacted]
Cc:
Subject: UAT - OLAS [redacted] Nurse Applicant Questionnaire Complete OLAS# [redacted]

ICE Application ID: [redacted]

Thank you for completing the applicant questionnaire. If you have not already paid your fee and uploaded all required documents, please visit your Application Summary to do so.

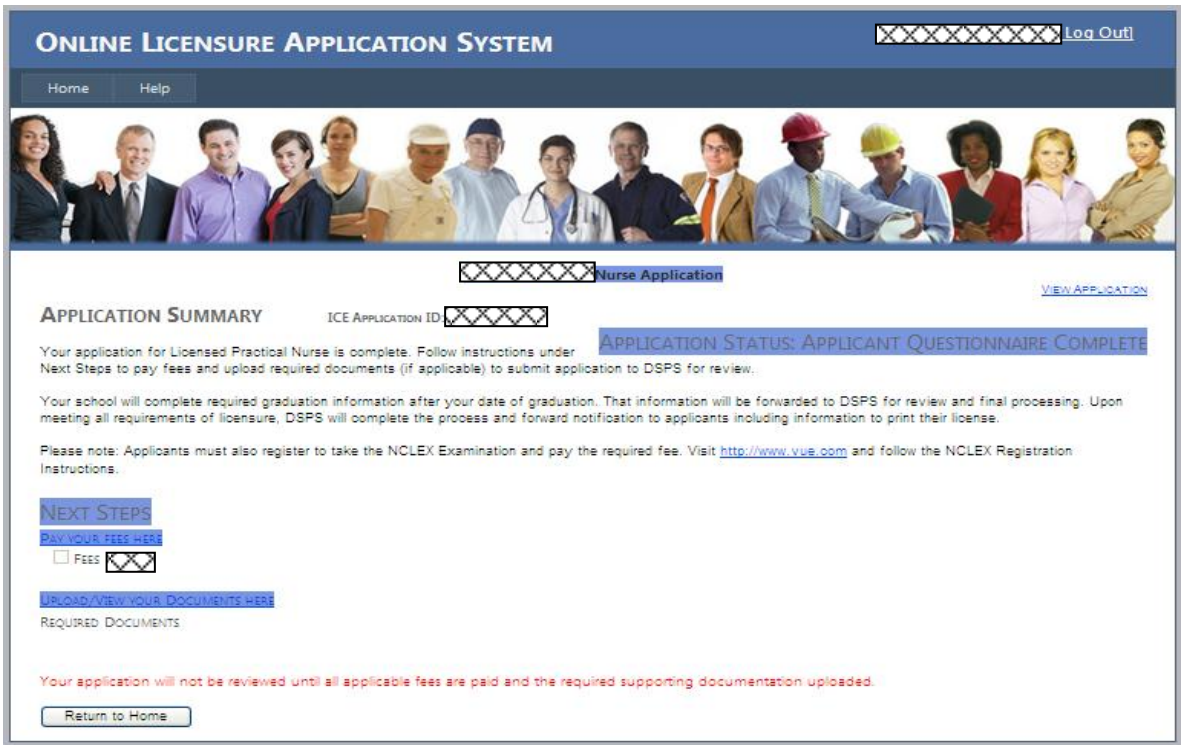
Division of Professional Credential Processing
Department of Safety and Professional Services

If your application requires a background check, you will need to complete the Convictions and Pending Charges (Form #2252) and upload the form along with all relevant documentation to the Application Summary page. See page 25 for further details.

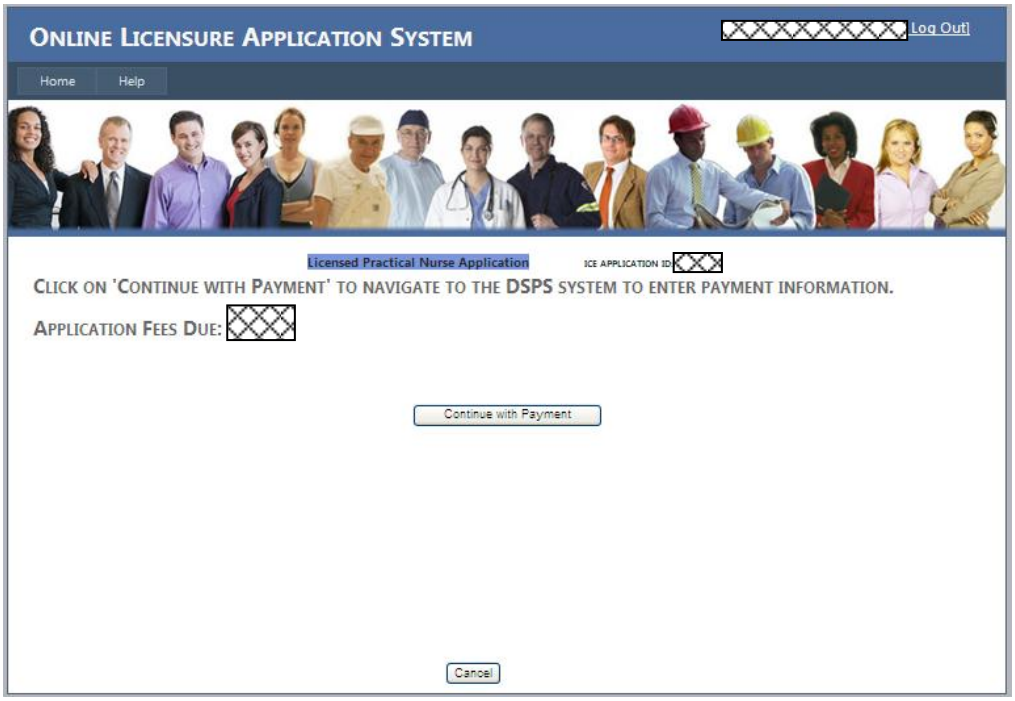


OLAS Applicant Process

Making a Payment

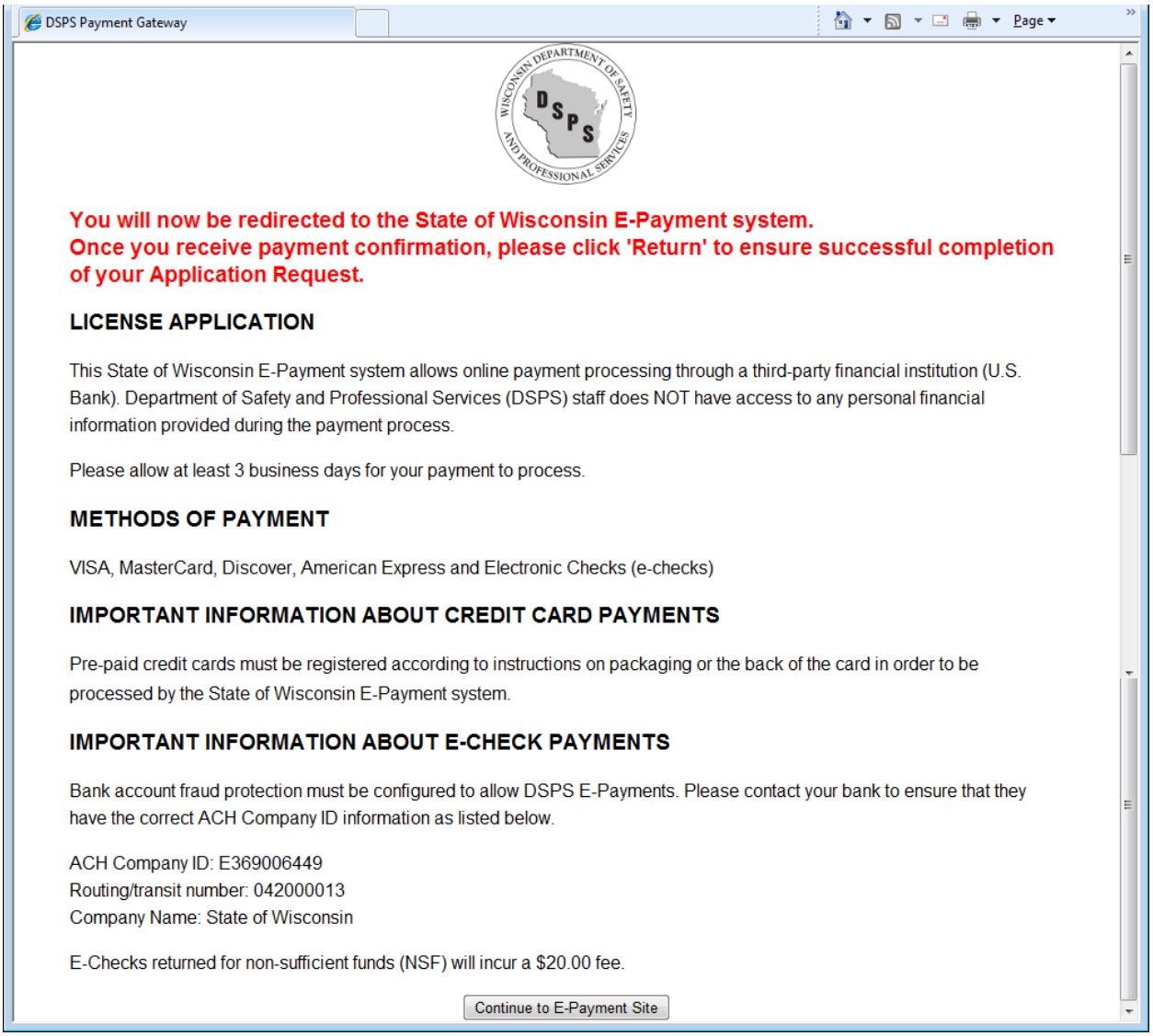


Click on the 'PAY YOUR FEES HERE'



Click on the 'Continue with Payment' button to navigate to the secure DSPS application to enter payment information.

Making a Payment (cont'd)



DSPS Payment Gateway

Page

You will now be redirected to the State of Wisconsin E-Payment system.
Once you receive payment confirmation, please click 'Return' to ensure successful completion of your Application Request.

LICENSE APPLICATION

This State of Wisconsin E-Payment system allows online payment processing through a third-party financial institution (U.S. Bank). Department of Safety and Professional Services (DSPS) staff does NOT have access to any personal financial information provided during the payment process.

Please allow at least 3 business days for your payment to process.

METHODS OF PAYMENT

VISA, MasterCard, Discover, American Express and Electronic Checks (e-checks)

IMPORTANT INFORMATION ABOUT CREDIT CARD PAYMENTS

Pre-paid credit cards must be registered according to instructions on packaging or the back of the card in order to be processed by the State of Wisconsin E-Payment system.

IMPORTANT INFORMATION ABOUT E-CHECK PAYMENTS

Bank account fraud protection must be configured to allow DSPS E-Payments. Please contact your bank to ensure that they have the correct ACH Company ID information as listed below.

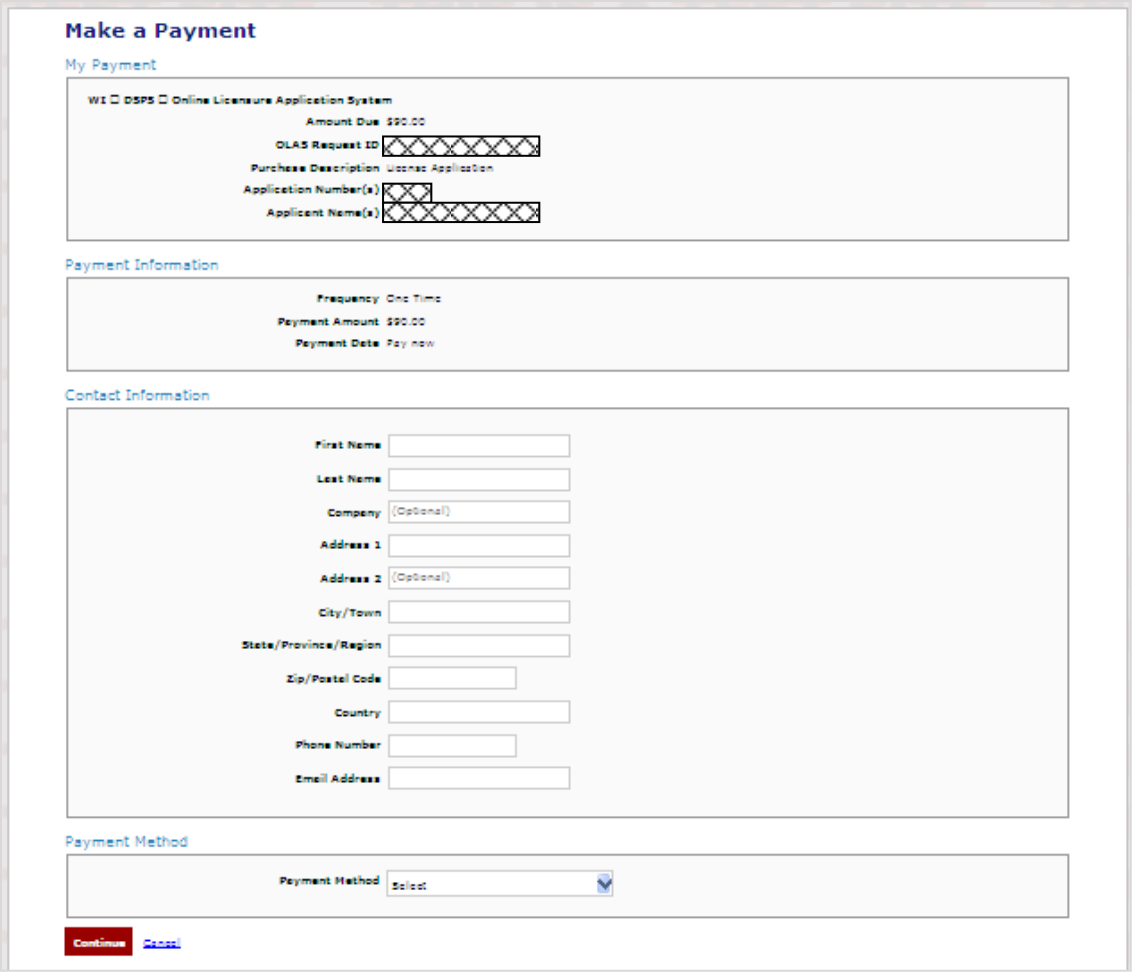
ACH Company ID: E369006449
Routing/transit number: 042000013
Company Name: State of Wisconsin

E-Checks returned for non-sufficient funds (NSF) will incur a $20.00 fee.

Continue to E-Payment Site

Click on the 'Continue to E-Payment Site' button to be directed to the State of Wisconsin E-Payment gateway.

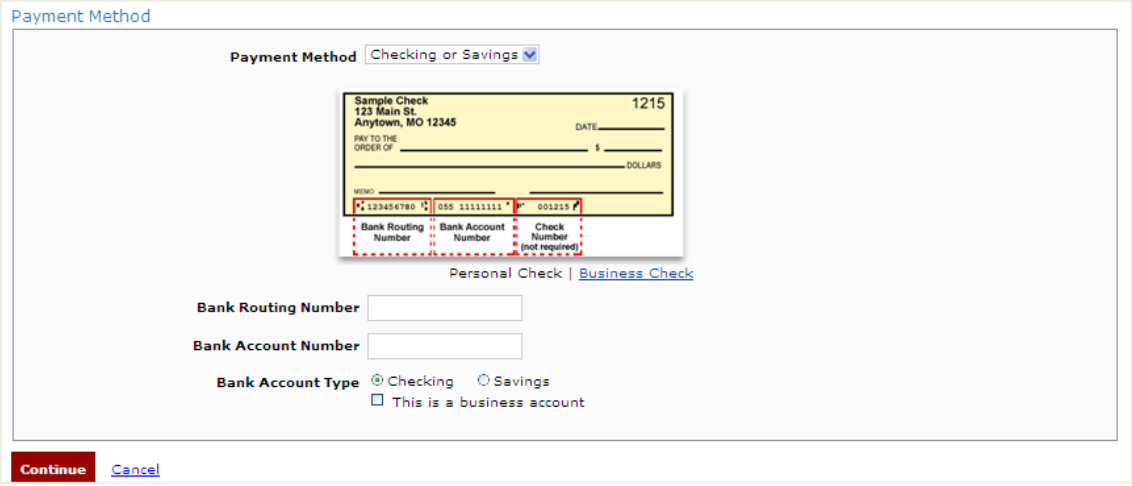
Making a Payment (cont'd)

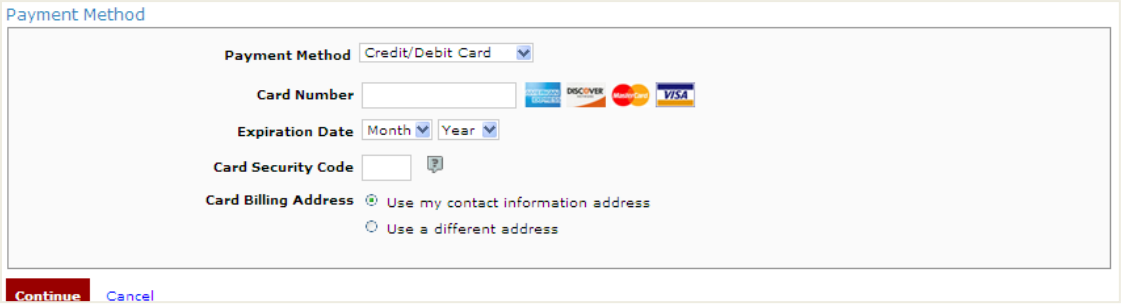


Enter your First Name, Last Name, Street Address, City/Town, State/Province/Region, Zip/Postal Code, Country, Phone Number, and E-mail Address.

Making a Payment (cont'd)

Select Payment Method as Checking or Savings or Credit/Debit Card.





<u>For payment by Checking/Savings Account (eCheck)</u>:

Enter Bank Routing Number, Bank Account Number, select Bank Account Type and check the box if this is a business account.

Press the 'Continue' button to review payment information.

<u>For payment by Credit/Debit Card</u>:

Enter Credit/Debit Card Number, Expiration Date, Card Security Code and Billing Address if different.

Press the 'Continue' button to review payment information.

Making a Payment (cont'd)

Review Payment

Please review the information below and select Confirm to process your payment. Select Back to return to the previous page to make changes to your payment.

Payment Details

Description	Dept of Safety WI DSPS Online Licensure Application System http://dspa.wi.gov
Payment Amount	$90.00
Payment Date	11/27/2013
OLAS Request ID	
Purchase Description	License Application
Application Number(s)	
Applicant Name(s)	

Payment Method

Payer Name	
Card Number	
Expiration Date	
Card Type	
Confirmation Email	

Billing Address

Address 1	
City/Town	Madison
State/Province/Region	WI
Zip/Postal Code	
Country	USA

Contact Information

First Name	
Last Name	
Address 1	
City/Town	Madison
State/Province/Region	WI
Zip/Postal Code	
Country	USA
Phone Number	
Email Address	

Confirm Back

Verify the payment information and press the 'Confirm' button. If the payment information is incorrect, press the 'Back' button to return to the previous page.

Making a Payment (cont'd)

Payment confirmation:

Confirmation

Please keep a record of your Confirmation Number, or print this page for your records.

Confirmation Number

Payment Details

Description	Dept of Safety WI ☐ DSPS ☐ Online Licensure Application System http://dsps.wi.gov
Payment Amount	$90.00
Payment Date	12/27/2013
Status	PROCESSED
OLAS Request ID	
Purchase Description	License Application
Application Number(s)	
Applicant Name(s)	

Payment Method

Payer Name	
Card Number	
Card Type	
Confirmation Email	

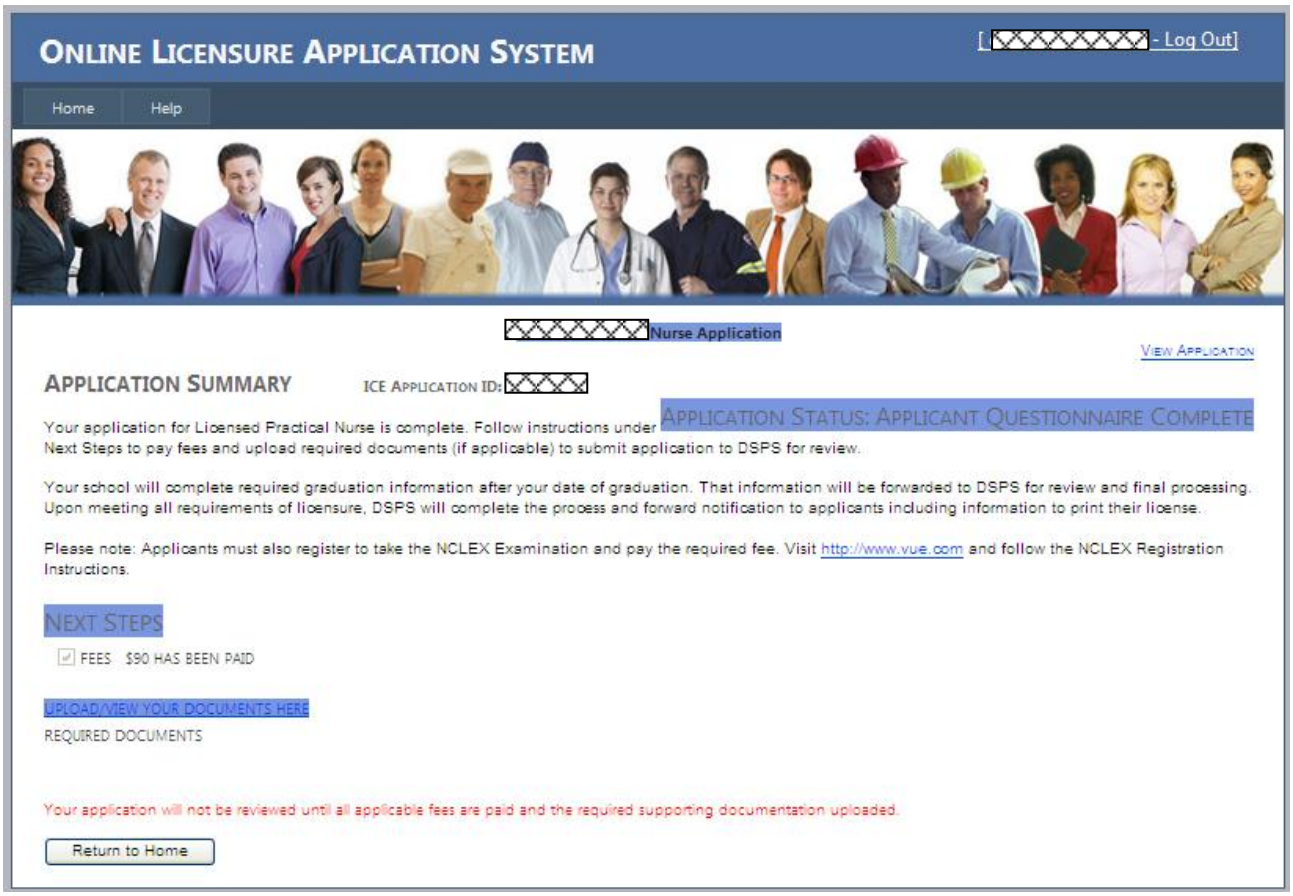
Billing Address

Address 1	
City/Town	Madison
State/Province/Region	WI
Zip/Postal Code	
Country	USA

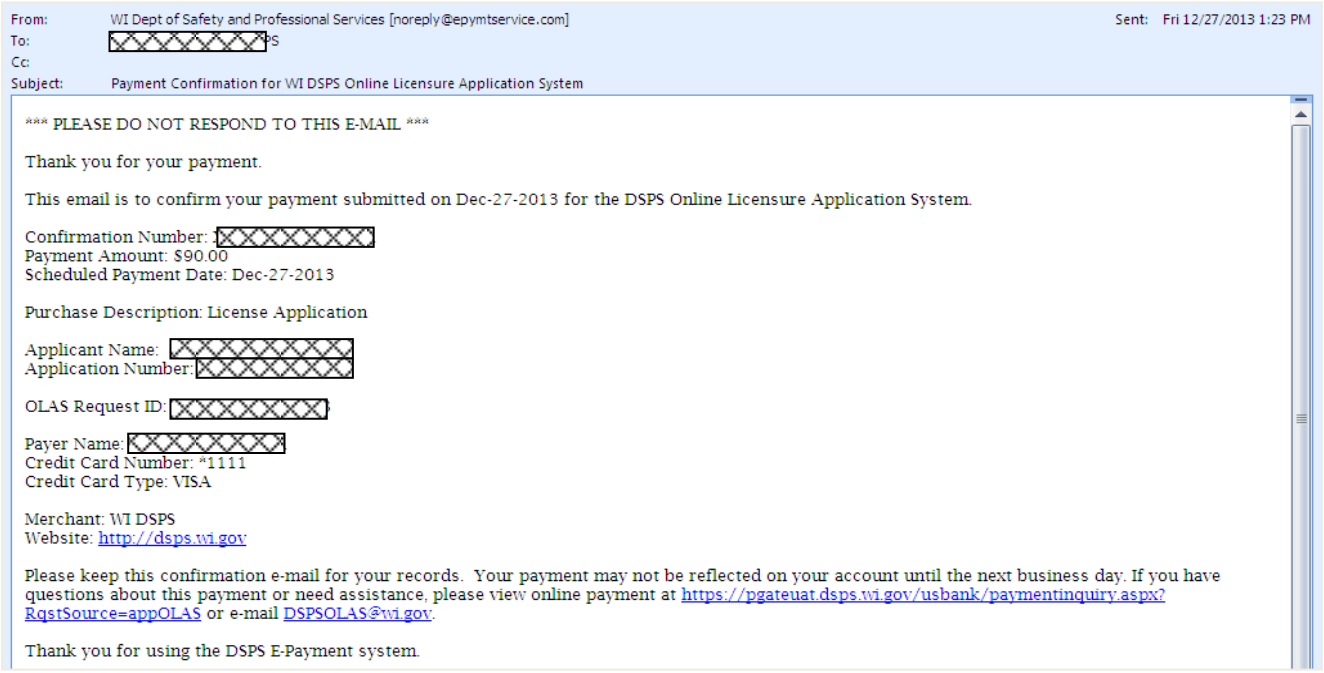
Return

Print this page for your records. Press the 'Return' button. You will return to the Application Summary page which should now show that the fees have been paid.

Making a Payment (cont'd)



You will receive the following e-mail from the E-Payment system:



From: WI Dept of Safety and Professional Services [noreply@epymtservice.com] Sent: Fri 12/27/2013 1:23 PM
To:
Cc:
Subject: Payment Confirmation for WI DSPS Online Licensure Application System

*** PLEASE DO NOT RESPOND TO THIS E-MAIL ***

Thank you for your payment.

This email is to confirm your payment submitted on Dec-27-2013 for the DSPS Online Licensure Application System.

Confirmation Number:
Payment Amount: $90.00
Scheduled Payment Date: Dec-27-2013

Purchase Description: License Application

Applicant Name:
Application Number:

OLAS Request ID:

Payer Name:
Credit Card Number: *1111
Credit Card Type: VISA

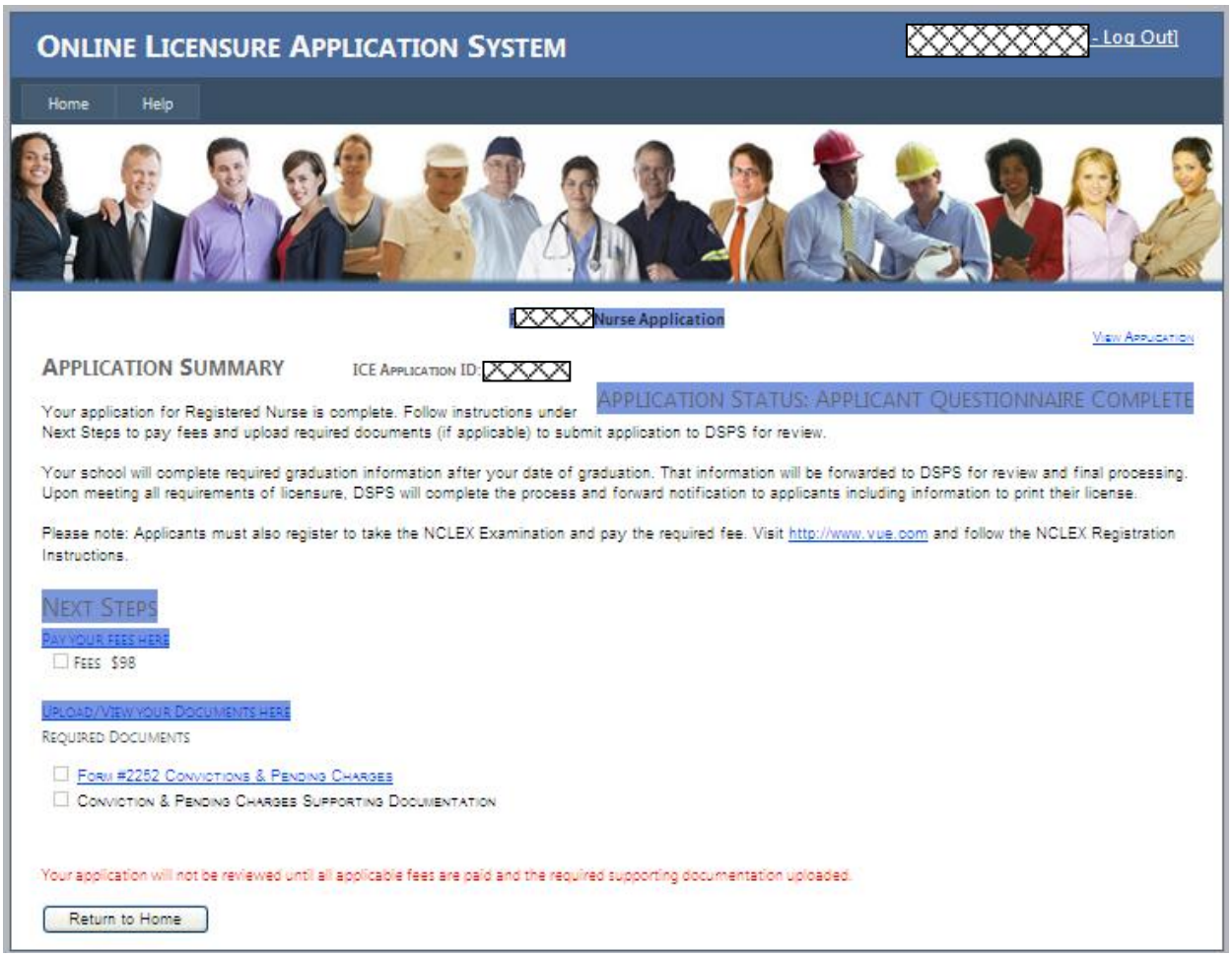
Merchant: WI DSPS
Website: http://dsps.wi.gov

Please keep this confirmation e-mail for your records. Your payment may not be reflected on your account until the next business day. If you have questions about this payment or need assistance, please view online payment at https://pgateuat.dsps.wi.gov/usbank/paymentinquiry.aspx?RqstSource=appOLAS or e-mail DSPSOLAS@wi.gov.

Thank you for using the DSPS E-Payment system.

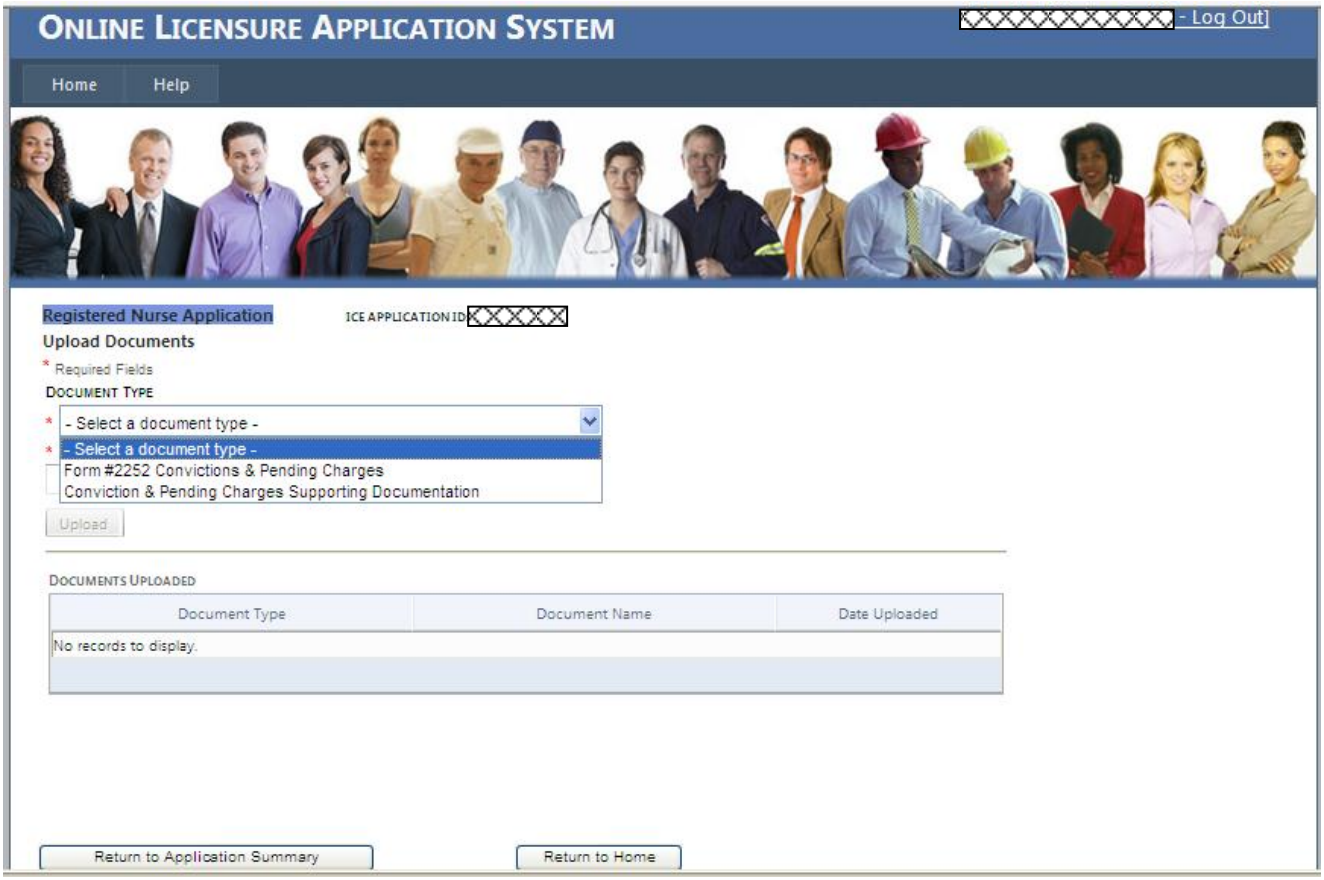
OLAS Applicant Process

Uploading Documents



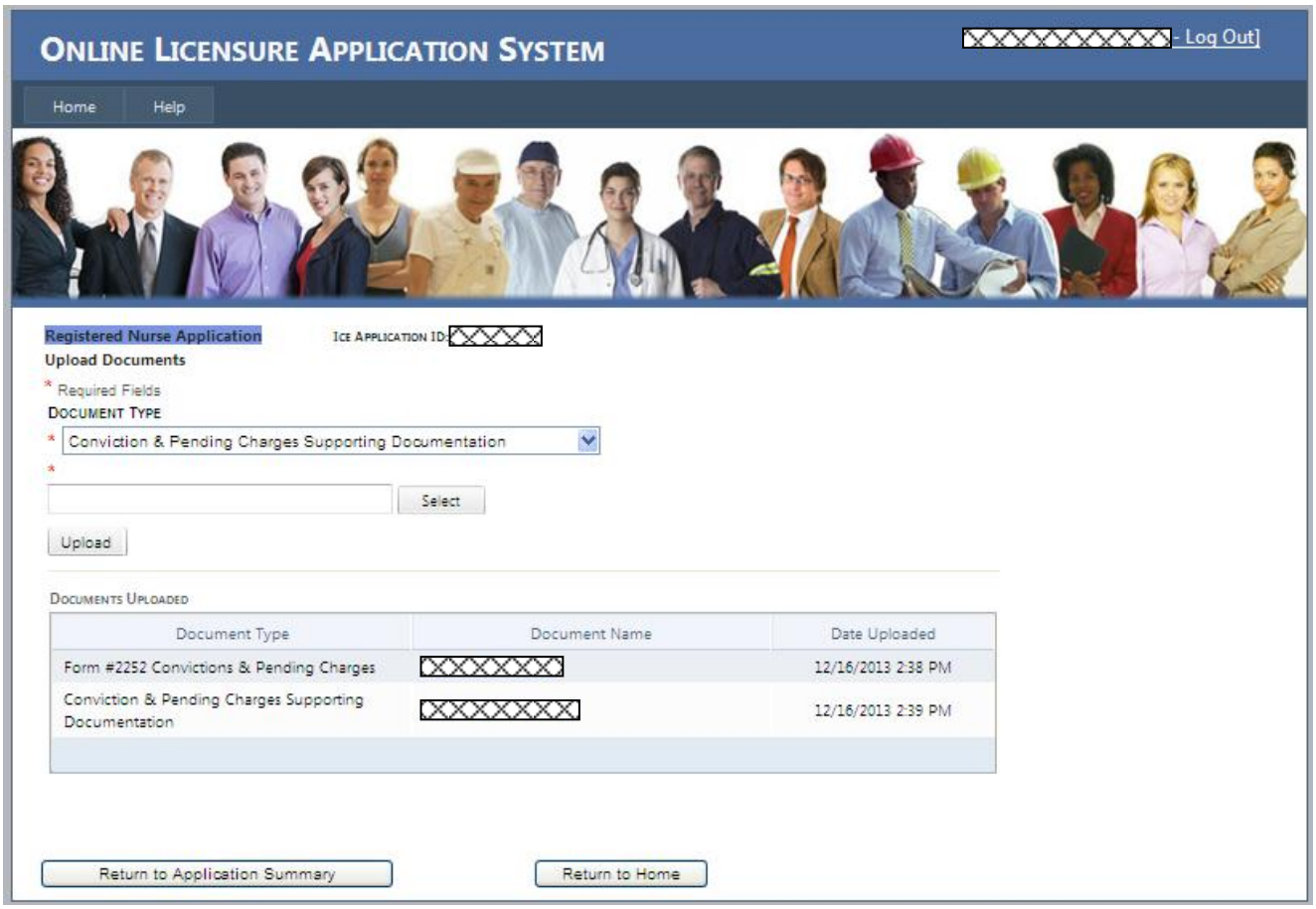
Click on 'Upload/View your Documentation Here.'

Uploading Documents (cont'd)



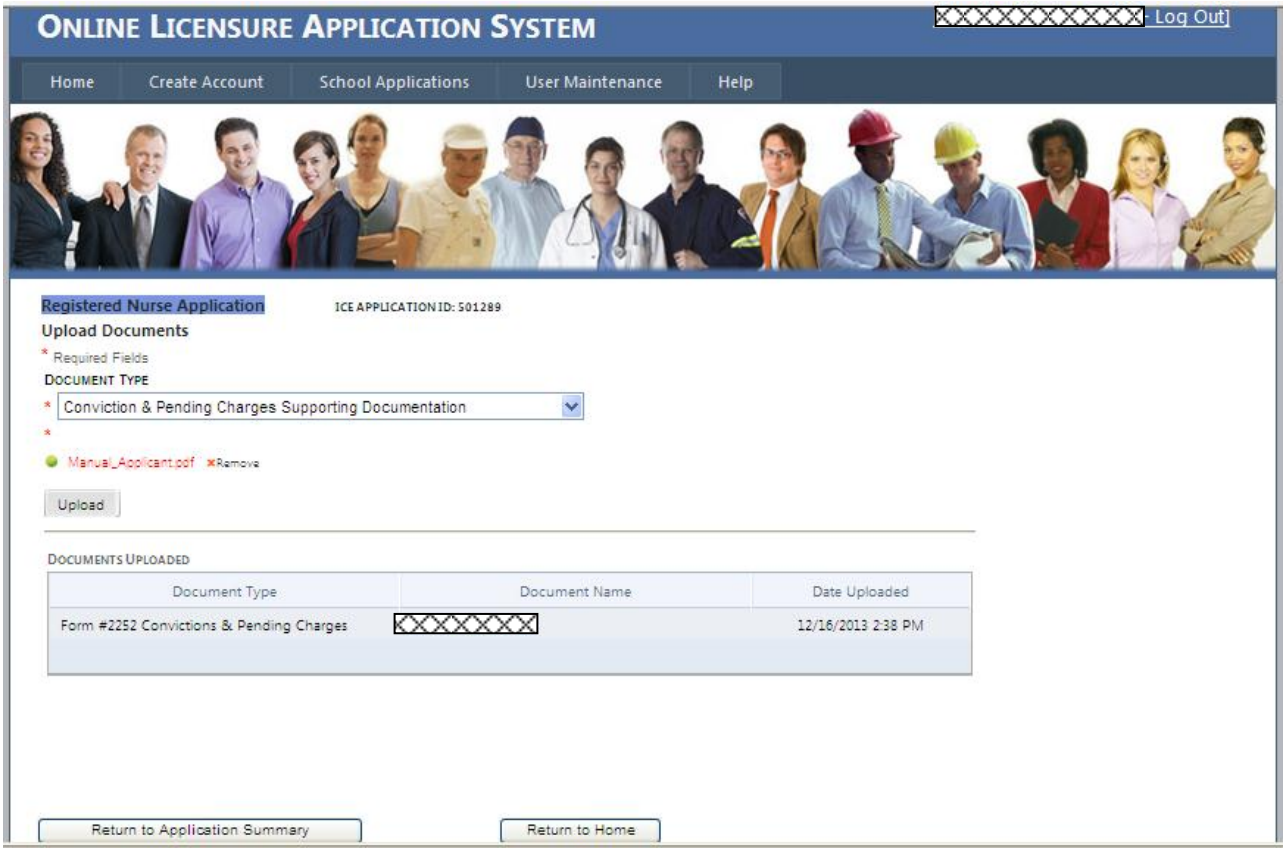
Select the document type you wish to upload.

Uploading Documents (cont'd)



After the document type is selected, hit the 'Select' button to locate your document. After selecting your document, hit the 'Upload' button.

Uploading Documents (cont'd)



After uploading, your Document should show up under the Documents Uploaded.

Hit the 'Return to Application Summary' button to return to the Application Summary page.

Hit the 'Return to Home' button to return to the Home page.